Effective October 1, 2003

Application or Docket Number
66171.105023

Γ	CLAIMS AS FILED - PART I								ENTITY		OTHE	R THAN
TOTAL OLABAS			(Column 1)		(Column 2)			TYPE		OR		ENTITY
TOTAL CLAIMS			10				ŀ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/ 0 minus 20=					X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ . m	inus 3 =	•	·/		X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		1		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	720
CLAIMS AS AMENDED - PART II								TOTAL	L	OR	OTHER	THAN
	260	(Column 1)	(Column 2) (Column 3)					SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.17	Minus	-2	\mathcal{O}^{-}	- Q		X\$ 9=		OR	X\$18=	
AME	Independent	- 3	Minus	*** 52	<u> </u>	<u> </u>		X43=		OR	X86=/	
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM		, ļ	+145=		OR	+290=	
							I.	TOTAL ADDIT. FEE		OB	TOTAL ADDIT, FEE	1
(Column 1) (Column 2) (Column 3)									<u> </u>		AUDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUMB PREVIO	HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
										OR	TOTAL ADDIT. FEE	
,		(Column 1)		(Columi		(Column 3)			•	_		
3 L		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		e .	Γ	X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X43=			X86=	
اــَــا	FIRST PRESE			OR								
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Minheet Number Bradingsh Bold Ford IN TUIS SPACE is less than the entry in column 3.												
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE												
1	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											